

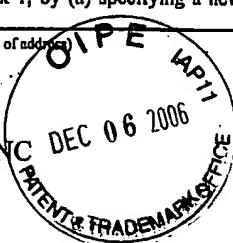
12-11-06

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
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<i>Sheri Beasley</i>	
(Depositor's name)	
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(Signature)	
12-06-2006	
(Date)	

24739 7590 10/03/2006
 CENTRAL COAST PATENT AGENCY, INC
 3 HANGAR WAY SUITE D
 WATSONVILLE, CA 95076
 12/11/2006 GWORDOF2 00000019 09900716

01 FC:2501
 02 FC:1504
 700.00 OP
 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/900,716	07/06/2001	Maurice Milgram	28944/37579	3971

TITLE OF INVENTION: SECURITY METHOD USING INFORMATION TRANSMISSION BY OPTICAL MEANS, AND AN OPTICAL DISK FOR IMPLEMENTING THE METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PRV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400 <i>700</i>	\$300	\$0	\$1700	01/03/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOORTHY, ARAVIND K	2131	380-256000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<i>1 Donald R. Boys 2 Central Coast 3 Patent Agency, Inc</i>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

DHVA, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

MILPITAS, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *50-0534* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Donald R. Boys*Date *12-06-2006*Typed or printed name *Donald R. Boys*Registration No. *35,074*

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Certificate of Express Mailing

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Date of Deposit: **12/06/2006**

Ref: Case Docket No.: **28944/37579**

Application of: **Maurice Milgram**

Serial Number: **09/600,716**

Filing Date: **07/06/2001**

Title of Case: **Security Method Using Information Transmission by Optical Means, and an Optical Disk for Implementing the Method**

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner for Patents, Alexandria, VA 22313-1450.

1. Part B of issue fee transmittal.
2. Check for fees in the amount of \$1000.00 (700/issue;300/pub).
3. Certificate of express mailing.
4. Postcard listing contents.

Sheri Beasley

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